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CONFIRMATION NO. 5269

<b>SERIAL NUMBER</b> 10/715,895	<b>FILING OR 371(c) DATE</b> 11/17/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1639	<b>ATTORNEY DOCKET NO.</b> 9196-030-999
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**APPLICANTS**

Jean-Louis Dasseux, Mannheim, GERMANY;  
 Renate Sekul, Ladenburg, GERMANY;  
 Klaus Buttner, Epfenbach, GERMANY;  
 Isabelle Cornut, Edingen-Neckarhausen, GERMANY;  
 Gunther Metz, Edingen-Neckarhausen, GERMANY;  
 Jean Dufourcq, Pessac, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/453,840 12/01/1999 PAT 6,716,816 which is a DIV of 08/940,095  
 09/29/1997 PAT 6,004,925

*yes me*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*no me*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 11/16/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY GERMANY</b>	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

20583

**TITLE**

Multimeric Apo A-I agonist compounds

<b>FILING FEE RECEIVED</b> 2580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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